

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10579988

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X	X				
2	X	X				
3	X	X				
4	X	X				
5	X	X				
6		X				
7		X				
8		X				
9		X				
10		X				
11		X				
12		X				
13	I	X				
14		X				
15		X				
16		X				
17		X				
18		X				
19		X				
20		X				
21	I	X				
22		X				
23		X				
24		X				
25	I	X				
26		X				
27		X				
28		X				
29		X				
30	I	X				
31		X				
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	29					
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						